

CHARGE INFORMATION QUESTIONNAIRE

Please immediately complete the entire form, including any attached questionnaires, and return the entire document to the U. S. Equal Employment Opportunity Commission ("EEOC").

Answer all questions as completely as possible. REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 300 days of the alleged discrimination.

PERSONAL BACKGROUND INFORMATION:

Name: Mrs. Heather Seibert

Address: 8725 Breinig Run Circle, Breinigsville, PA 18031

Phone Number: (day) (610) 398-0291 **(night)** Same

Date of Birth: 07/07/1978 **Soc. Sec.#:** 173-60-1740 **Race:** White

RESPONDENT INFORMATION

(Employer, union, employment agency against whom the charge is being filed)

Respondent Name: Lutron Electronics

Address (If employer, the location where you actually worked or sought employment - **If you worked out of your home, state that,** and give the full address of the company home office or headquarters; if union or employment agency, the address where you conducted business)

7200 Suter Road

City/State/Zip: Coopersburg, PA 18036 **Code County:** Lehigh

Main telephone number: (610) 282-6300

Approximate total number of employees: Approximately 100+

Type of business: Lighting controls

DATE OF HARM

(last date any harm which you consider discriminatory happened)(Must be completed):

March 23, 2007

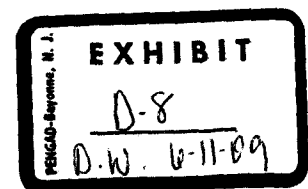
TYPE OF HARM (the kind of adverse action that happened to you, for example, discharge, denial of hire, harassment): Discharge

BASIS Check the basis for your complaint (the reason you believe the action was taken against you).

() race () color () religion () sex
() national origin () age (X) disability () retaliation

Identify yourself in terms of the basis or bases you checked, for example, "I am black" or "I am a disabled person."

I was in and out on leave for disability for two years



If you checked "retaliation," have you ever previously filed a charge with EEOC or another civil rights agency or complained to your employer about discrimination?

()yes ()no

If yes, please explain:

If none of the specified bases applies, describe the reason you believe the action was taken against you:

Please indicate whether you have signed a waiver (release) in connection with your employment situation: () Yes () No.

I signed a letter of resignation.

As a result of signing a waiver, have you received any consideration in addition to what you would have been entitled without signing the waiver? () Yes (X) No.

If so, please specify what additional benefit you received:

If you have signed a waiver and have a copy of it, please attach to this document.

CONTACT PERSON:

Please provide the name of an individual at a different address who is in the local area and who would know how to reach you.

Name: Donald P Russo, Esquire

Relationship: Attorney

Address: 117 East Broad Street, Bethlehem, PA 18018

Area Code/Telephone Number: (610) 954-8093

ADDITIONAL INFORMATION

1. Choose one of the following:

a) X I want to file a charge.

b) _____ I DO NOT WANT to file a charge at this time.

c) _____ I want to speak with an EEOC Representative before this is filed as a charge.

I can be contacted at (area code/telephone number) (610) 398-0291. The best days and times to contact me are: Any day, any time.

2. Indicate which of the following applies:

a) X I have not filed a charge with any other agency concerning these same matters.

b) _____ I have filed a charge with the agency/agencies named below concerning these same matters:

Name of Agency

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY


 FEPA
EEOC

CHARGE NUMBER

530-2007-03805

and EEOC

Pennsylvania Human Relations Commission

State or local Agency, if any

NAME/Indicate Mr., Ms., Mrs.)

Heather Seibert

HOME TELEPHONE (Include Area Code)

(610) 398-0291

STREET ADDRESS

8725 Breinig Run Circle

CITY, STATE AND ZIP CODE

Breinigsville, PA 18031

DATE OF BIRTH

July 7, 1978

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

Lutron Electronics

NUMBER OF EMPLOYEES, MEMBERS

Approximately 100+

TELEPHONE (Include Area Code)

(610) 282-6300

STREET ADDRESS

7200 Suter Road

CITY, STATE AND ZIP CODE

Coopersburg, PA 18036

COUNTY

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))



RACE



COLOR



SEX



RELIGION



AGE



RETALIATION



NATIONAL



DISABILITY



OTHER (Specify)

ORIGIN

DATE DISCRIMINATION TOOK PLACE

EARLIEST (ADEA/EPA)

LATEST (ALL)

March 23, 2007



CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

Heather Seibert (hereinafter referred to as "Complainant") was employed with Lutron Electronics (hereinafter referred to as "Respondent") for approximately ten years, her most recent position being a Senior Technical Assistant. Her immediate supervisor was Scott Reinart, Plant Manager. Throughout her entire career with the Respondent, Complainant always maintained an exemplary performance record and was never informed by any supervisors that she wasn't performing her job correctly.

On or about May 2005, Complainant took Long Term Disability leave for six months for diagnosed depression and then on or about February 2006 Complainant was in and out of work for doctor's appointments. Subsequently in July of 2006, because of a difficult pregnancy, Complainant then took a maternity leave for about three weeks. When Complainant returned from maternity leave in early October 2006, she was informed that her old job was going to be phased out because the Respondent had found others means of doing her job. At this time, she was also made to sign a letter stating that she agreed that she would be moved to a different job and that she had to be able to work on a full-time basis. Complainant began in her new position as a Senior Technical Assistant on October 3, 2006. However, Complainant was sent back to her old job at the end of November 2006 until the end of February 2007 so she could to train someone named Matt to replace her. (continued)

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

Date

7/20/07

Charging Party (Signature)

Heather M Seibert

 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)

CP Initials HS Chg #

, Attachment Page 1

Equal Employment Opportunity Commission
Form 5 – Charge of Discrimination, Additional Text

On March 23, 2007 Respondent informed Complainant that she was being terminated from her position for missing too many days of work and as a result not being able to learn her new position.

In late 2006 Complainant took three or four personal days, which were cleared with the Human Resources office; in fact even though Complainant had no more vacation days available at this time, Human Resources said that they would work with her. In addition, Complainant also took ten vacation days for her children's doctors' appointments and because they were unable to be at daycare, all of which were approved.

Complainant believes that in violation of the Americans With Disabilities Act of 1990, as amended ("ADA") and Title VII of the Civil Rights Act of 1964 as amended, Respondent discriminated against her by telling her upon her return from approved disability leave, that her old job was being phased out, only to direct her to train a male replacement and terminate her employment.

Name: Heather SeibertDate: July 24, 2007**ADA INTAKE QUESTIONNAIRE**

Please answer each question on this questionnaire completely and accurately. Incomplete answers may delay the processing of your charge. If additional space is needed to answer any question(s), please attach additional pages. When all questions are answered, please sign and date the form and return it to this office.

1. Describe your disability. Provide the medical name for your disability, if known, as well as a general description of your disability in non-medical terms. Describe in general what major life activities (such as walking, lifting, breathing or hearing, etc.) are affected by your disability and describe the extent to which that activity is affected.

I experienced depression. I was unable to get out of bed and do anything. I would not leave the house. I was in a high risk pregnancy. I had morning sickness throughout the entire pregnancy. I delivered twins two months early.

2. Is your disability permanent or of a temporary nature? When was your disability first diagnosed? If your impairment was caused by an accident or injury, when did that accident or injury occur? Has your physician indicated that the limitations caused by your disability are of a permanent nature? Is your disability worsening or improving?

Both conditions were temporary. Depression was diagnosed in May 2005. The pregnancy complications began in February 2006.

3. If your disability was caused by or made worse by a job-related injury or accident, did you apply for workers compensation? If yes, were you awarded workers compensation? For what period of time were you on workers compensation? If you are still on workers compensation (or were on workers compensation at the time of the alleged discrimination), explain how you would be able to perform the essential functions of your regular job with or without an accommodation while still on workers compensation.

Not Applicable

4. Explain how your particular disability affects your ability to perform the job in question. Also, describe any limitations or restrictions related to this job, which have been placed on you by a physician for reasons related to your disability. If your physician recommended that you be placed on "light duty," what type of light duty assignments were recommended and for what period of time?

Depression- I was out on disability for six months. I was unable to do my job at all because I was unable to get out of bed.

Pregnancy- I had very bad morning sickness and was unable to get out of bed most of the time. The physician never issued a note because they said it was just morning sickness and they couldn't write a note for that. I also had many appointments with the perinatal doctor.

Also, does Respondent have a light duty program? If so, is this duty limited in any way (e.g., only to persons who had on-the-job injuries, for a limited period of time, for certain categories of employees only, etc.)?

Not Applicable.

5. Provide the names, addresses and phone numbers (if known) of all doctors and/or therapists who have treated you for this disability. For each such person listed, indicate the period of time you were treated by this person.

-Macungie Medical Group: Dr.Liaw, family doctor (610) 966-4646. I was treated for one year.

-Kimberly Bonner, Licensed clinical social worker who works for Glenn R. Koch & Assc.; (610) 428-9140. I was treated for 1 year.

-Tirun Gopel, M.D., F.A.D.O.G. (610) 423-9003, Bethlehem Perinatal Associates. I am still under his care.

6. Describe how, when and which Respondent management officials became aware of your disability and any job-related limitations or restrictions caused by that disability.

Depression: I called them to let them know that I would be needing disability paperwork because I would be out for awhile.

Pregnancy: I told them in person that I was pregnant with a high risk pregnancy and that I would be having many Doctors' appointments. They really didn't have any accommodations for me when I was at work and not feeling well.

7. Have any Respondent managers or supervisors made negative comments concerning your disability? If so, provide the name and title of each person making the comments and describe those comments in terms of what was said, when it was said, and whether there were any witnesses to those statements.

No

8. Do you (or did you) need a reasonable accommodation in order to perform the job in question? If yes, describe for what part or parts of the job you required an accommodation. Indicate how frequently this part of the job is done and the importance of this part of the job to the total job.

No

9. Are you (or were you) able to perform all parts of the job in question other than the part(s) described above for which you require an accommodation? Describe the major functions of the job which you are able to perform without an accommodation.

Not Applicable

10. Have you ever sought a reasonable accommodation because of your disability? If yes, describe the circumstances surrounding your request to include: date of request, name and job title of the person(s) to whom the request was made, the type of accommodation requested, and response(s), if any, to the request.

No

11. Are there any witnesses, written records or other means available to verify that you made this request for reasonable accommodation and/or that your request was denied, was not acted upon, or was not met in a manner satisfactory to you? If yes, please describe the means by which this can be verified.

Not Applicable

12. If you are claiming that you are not disabled, but Respondent incorrectly "perceived" you to have a disability, describe what disability you are perceived as having. In addition, indicate which Respondent representative(s), by name and job title, perceive you to have this disability and what makes you believe that those persons have this perception.

Not Applicable

13. If the Respondent has taken an action against you because you are viewed as being a "direct threat" (i.e., that because of your disability you pose a threat to your own safety or the safety of co-workers), provide the name and title of the Respondent representative who informed you of this, when this occurred, whether this was done orally or in writing, and what reason(s) was(were) given for considering you a direct threat, and describe to what extent this was based on medical information. Also, describe whether Respondent attempted to provide a reasonable accommodation to you to reduce the threat or to transfer you to another position.

Not Applicable

I declare under penalty of perjury that I have read the above statements and that they are true and correct.

Heath U. Sapet
Signature

7/13/07
Date

MAJOR LIFE ACTIVITIES

(including, but not limited to):

	Breathing		Reproduction
	Caring for oneself		Seeing
X	Concentrating		Sitting
	Eating	X	Sleeping
	Hearing		Speaking
X	Interacting with others		Standing
	Learning		Stooping
	Lifting		Thinking
X	Performing manual tasks		Walking
	Reaching	X	Working (broad category of jobs)
	Reading (limitations cause by disability)		Other (Identify the activity and explain why it constitutes a major life activity)

***Please check off those that are affected by your disability.**

Name: Heather Seibert

Date: July 24, 2007

**DISCIPLINE QUESTIONNAIRE
(DEMOTION, SUSPENSION, DISCHARGE, ETC.)**

1. Provide your employment history with the Respondent employer as follows:

- a) date of hire: June 7, 1996
- b) position title at time of hire: Associate Technical Assistant
- c) position title at time of most recent discipline: Senior Technical Assistant
- d) date you were selected for the job you held at the time of the most recent discipline: October 3, 2006
- e) name of section/department at time of most recent discipline:
Inventory Control
- f) name and title of your immediate supervisor at time of most recent discipline: Scott Reinert, Plant Manager & Rich Wagner, Human Resources

2. Describe the most recent discipline (discharge, suspension, demotion, etc.) given you: Discharge

3. What explanation was given to you as to the reason(s) for your receiving this most recent discipline? I missed too many days of work. Because I missed work, I was unable to learn my new position.

4. On what date were you told of the discipline to be given you? March 23, 2007

5. Were you informed orally or in writing of this discipline? Both orally and in writing

6. What are the name and title of the person who informed you of the discipline to be given you? Scott Reinert, Plant Manager and Rich Wagner, Human Resources

7. If known, is the person identified in Q. #6 the person who recommended your discipline? (X) Yes () No

If not identify by name and title the person who recommended that you be disciplined.

If you were disciplined for performance deficiencies, please answer questions 8-13 and provide copies of all documents in your possession which describe each answer.

8. What is the employer's discipline policy related to alleged performance deficiencies?
I could not find it in employee handbook.

9. How do you know what this discipline policy is?
Not Applicable.

10. Did you have performance problems to the extent claimed by your employer? If not, what is your version of your performance record and how can this be documented?
No. All documentation is in my personnel file. This is from the date of hire until I went out on disability. I never had performance issues. Up until I was terminated, nobody told me I wasn't doing my job correctly.

11. Is performance documented by means such as manual or computer-generated sales records, productivity reports, etc.? If yes, describe the type(s) of reports generated. If there are no such reports or listings, explain to the best of your knowledge how the employer keeps track of performance-related matters.
Performance is documented on paper and is placed in the personnel file.

12. Describe your last 2 performance reviews, to include the overall rating, any specific area(s) of negative comments, the approximate date of each review, and the name and title of the person who gave you each review.
I believe the last two performance reviews were in June of 2003 and June of 2004. Neither review was negative. They were both positive. Dan Weller gave both reviews.

13. Have you received any oral or written counseling or notices of deficiency related to performance (e.g., written warnings, suspensions, placement on probation, etc.)? If yes, describe all such actions to include nature of action taken by the employer, stated reason for action taken, date, and name/title of supervisor or manager who caused the action to be taken.
I signed a letter when I returned from maternity leave stating that I would be moved to a different job because they found other means of doing my job. It also stated that I had to be able to work on a full time basis.

If you were disciplined for conduct violations, please answer questions 14- 17 and provide copies of all documents in your possession, which describe each answer.

14. What is the discipline policy related to the rules, policies or practices which you were charged with violating?
Not Applicable.

15. How do you know what the discipline policy is?
Not Applicable.

16. Did you commit the offense(s) or violate the rule(s) for which you were disciplined? If not, what is your version of what happened and how can you demonstrate that you did not commit this offense?

Not Applicable.

17. What disciplines have you previously received? Describe each discipline including the date, reason, type of discipline, and name and title of your immediate supervisor at the time of each discipline.

Not Applicable.

Continue here whether discipline was for performance or conduct reasons.

18. Identify all persons in comparable positions who have had similar performance or conduct problems within the last 2 years but who received a lesser discipline than you received. For each person named, provide the following information (adding extra pages, if needed, to complete your answer): NOT APPLICABLE.

- a) name: _____
- b) race: _____ Sex: _____ National origin: _____ approximate age: _____
- c) job title: _____
- d) name/job title of immediate supervisor: _____
- e) description of performance or conduct problems: _____
- f) type of discipline, if any, given to this person: _____
- g) when did this occur? _____
- h) how do you know about the performance or conduct deficiencies and discipline given to the employee? _____

19. Identify all persons in comparable positions who have had performance or conduct problems in the last 2 years and who have been disciplined in the same manner as you were. For each person listed, provide the following (adding extra pages, if needed, to complete this answer):

NOT APPLICABLE

- a) name: _____
- b) race: _____ sex: _____ national origin: _____ approximate age: _____
- c) job title: _____

- d) name/job title of immediate supervisor: _____
- e) description of performance or conduct problems: _____
- f) discipline given to this person: _____
- g) when did this occur? _____
- h) how do you know about the above circumstances? _____

20. Why do you believe that you and the persons cited in #19 above were disciplined more severely than those persons cited in #18 above?

Not Applicable.

21. For what reason(s) do you believe that you were discriminated against because of your race, sex, color, religion, national origin, age, disability, or in retaliation in a manner made unlawful by the statutes administered by EEOC?

I believe I have been discriminated against because I have been in and out of work for two years due to Depression and Pregnancy.

Additional space to answer questions. Please indicate number of question.

I declare under penalty of perjury that I have read the above statements and that they are true and correct.

Deanne M. Seibert

Signature

7/20/07

Date

NAME: Heather Seibert DATE: July 24, 2007

REMEDY INFORMATION

1. If your charge alleges failure to hire or failure to promote, what was the salary or salary range of the job you applied for? \$ _____ What was the salary of the position you held at the time you applied for the position in question? \$ _____
2. If your charge alleges discharge or suspension without pay, what was the salary of the position you held at the time of discharge or suspension? \$14.52 per hour
3. If your charge alleges demotion, what was the salary of the position you held before you were demoted? \$ _____ After you were demoted? \$ _____
4. Other than loss of salary, what money have you lost as a result of the alleged discrimination (e.g., cost of looking for new job, cost of health insurance you had to buy, etc.)? Describe each type of loss and provide an approximate dollar value for each type of loss. (NOTE: You should save receipts or other proof of all such expenses.)

I have incurred the cost of looking for a new job and the cost of health insurance.

5. Other than monetary losses, what losses have you incurred as a result of the alleged discrimination (e.g., loss of seniority, no longer being part of a pension plan, loss of company car, had to seek psychiatric services)?

I no longer have a 401K plan

6. What relief or remedy are you seeking in response to filing a charge with EEOC?

Front pay, back pay, and attorney's fees

7. If your charge alleges discharge or failure to hire, have you obtained other employment since the date of the alleged discrimination? If yes, please indicate the date of employment and the salary you earn with this new employer. (If there has been more than one employer, please indicate all dates of employment and salary with each employer since your date of discharge or the date you were denied hire by the employer named in your charge.) No.

REMEDY INFORMATION (p. 2)

I declare under penalty of perjury that I have read the above statements and that they are true and correct.

Heather m Siebert
Signature

7/20/07
Date